## Image# 10931126617 FEC FORM 2 STATEMENT OF CANDIDACY

| 1. (a) Name of Candidate (in full)  |                          |      |                          |                  |           |                                       |
|---|--------------------------|------|--------------------------|------------------|-----------|---------------------------------------|
| Thomas W Reed, II   |                          |      |                          |                  |           |                                       |
| (b) Address (number and street)   | Check if address changed |      | 2. Identification Number |                  |           |                                       |
| 221 Washington Street (c) City, State and ZIP Code  |                          |      |                          | H0NY2905         | 04<br>New | Amended                               |
| Corning   | NY                       | 1483 | 0-2442                   | Statement        |           | OR (A)                                |
| 4. Party Affiliation  | 5. Office Sought         |      | 6. State & Dis           | trict of Candida | ate       | · · · · · · · · · · · · · · · · · · · |
| REPUBLICAN PARTY  | House                    |      | NY 29                    |                  |           |                                       |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |                          |      |                          |                  |           |                                       |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the (year of election) election(s).  |                          |      |                          |                  |           |                                       |
| NOTE: This designation should be filed with the appropriate office listed in the instructions.  |                          |      |                          |                  |           |                                       |
| (a) Name of Committee (in full)   |                          |      |                          |                  |           |                                       |
| Tom Reed for Congress   |                          |      |                          |                  |           |                                       |
| (b) Address (number and street)   |                          |      |                          |                  |           |                                       |
| 99 W 1st Street   |                          |      |                          |                  |           |                                       |
| (c) City, State and ZIP Code  |                          |      |                          |                  |           |                                       |
| Corning   | NY                       | 1    | 4830-2557                |                  |           |                                       |
| (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filed with the principal campaign committee. |                          |      |                          |                  |           |                                       |
| (a) Name of Committee (in full)   |                          |      |                          |                  |           |                                       |
| US House Victory Committee  |                          |      |                          |                  |           |                                       |
| (b) Address (number and street)   |                          |      |                          |                  |           |                                       |
| 228 S Washington Street   | Suite 11                 | 5    |                          |                  |           |                                       |
| (c) City, State and ZIP Code  |                          |      |                          |                  |           |                                       |
| Alexandria  | VA                       | 2    | 2314-5404                |                  |           |                                       |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.   |                          |      |                          |                  |           |                                       |
| Signature of Candidate  |                          |      |                          | Date             |           |                                       |
| Thomas W Reed, II   |                          |      |                          | 08/18/2010       |           |                                       |
| NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C.§437g.   |                          |      |                          |                  |           |                                       |
|   |                          |      |                          |                  | ·         | <u> </u>                              |
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FEC FORM 2 (REV. 02/2009)